

TABLE 1. Summary of survey participants (n=150)

DEMOGRAPHIC	NUMBER (%)
Sex	
Male	52 (35)
Female	99 (66)
Training year	
PGY-2	40 (26)
PGY-3	63 (42)
PGY-4	48 (32)
Geographic region	
West	28 (19)
Midwest	32 (21)
Northeast	35 (23)
South	56 (37)
PGY: postgraduate year	

cosmetic procedures have not been met, this nationwide survey emphasizes the gap between expectations and current curricula. More than 95 percent of residents feel that a more formal curriculum in cosmetic procedures would benefit residency education, and 66 percent believe that additional training would increase the likelihood of incorporating these procedures into postresidency practice.

DISCUSSION

In addition to meeting the expectations of residents, adapting educational curricula to reflect this subspecialty is also relevant in the context of proposed changes to ACGME procedural case log requirements. Residents can log 15 laser, 10 botulinum toxin, and five soft tissue augmentation treatments as Level 2 participants (either surgeon or observer).² The ACGME Review Committee for Dermatology recently considered a proposal to limit logged procedures to Level 1 (surgeon) experiences, thereby requiring residency programs to provide sufficient opportunity for residents to perform cosmetic procedures under faculty supervision.³ Of note, while the American Board of Dermatology (ABD) requires competency assessments in multiple procedural techniques, laser surgery is the only cosmetic procedure evaluable for a competency review by program directors via the ABD final evaluation.

Any changes in the formal requirements for

TABLE 2. Results of dermatology resident survey (n=150)

SURVEY ITEM	RESPONSE
Do you receive adequate training in cosmetic procedures* at your residency program currently?	Yes (36)
Do you plan to perform cosmetic procedures and integrate cosmetic procedures* in your practice after residency?	Yes (74)
Would a formal curriculum (including didactic and clinical experience) in cosmetic procedures* benefit residency education, similar to dermatopathology and dermatologic surgery?	Agree (95)
How often do you have attending-led didactic lectures focused on cosmetic procedures*?	Biannual or less (48)
How often does your program have cosmetic clinics in which patients are scheduled with an attending for cosmetic procedures*?	Biannual or less (27)
How often do you have resident-run cosmetic clinics in which cosmetic procedures* are offered free of charge or at a discounted cost?	Biannual or less (36)
Which of the following procedures** have you personally performed in residency training?	Chemical peels (45) Soft tissue filler (62) Laser surgery (70)
Which of the following procedures** do you feel comfortable performing independently without supervision?	Chemical peels (27) Soft tissue filler (9) Laser surgery (27)
In which of the following procedures** do you feel inadequately prepared and would benefit from additional training during residency?	Chemical peels (69) Soft tissue filler (81) Laser surgery (69)
How often do you administer botulinum toxin?	Biannual or less (37)
How often do you administer soft tissue fillers?	Biannual or less (61)
How often do you perform chemical peels?	Biannual or less (77)
How often do you perform laser surgery?	Biannual or less (45)
Who is currently performing the majority of cosmetic procedures* (i.e., dermatologists, plastic surgeons, PCPs, PAs, or nurses)?	Dermatologists (70)
Do other providers (plastic surgeons, PCPs, PAs, nurses) receive more training in cosmetic procedures* than you are currently receiving?	Yes (70)
Have your expectations for residency training in cosmetic procedures* been met?	No (58)
If you were provided additional residency training than currently offered, would you be more inclined to perform cosmetic procedures* after residency?	Yes (66)
PCP: primary care physician; PA: physician's assistant	
*Chemical peels, soft tissue fillers, botulinum toxin injection, laser surgery	
**Chemical peels, soft tissue fillers, laser surgery	

clinical experience in cosmetic procedures must address the inconsistent presence of cosmetic dermatologists in residency programs. The standardization of cosmetic didactics by the ABD during a resident's first year of training would provide a foundation of knowledge to support improved competency and confidence with graduated procedural responsibilities during the second and third years of residency. Residency programs without faculty who can provide consistent clinical and didactic instruction in cosmetic procedures might need to establish

relationships with private practitioners through adjunct clinical faculty positions. Additionally, pharmaceutical and device companies could supply an increased allotment of product for education, which might increase the opportunity for supervised procedures at discounted rates or free of cost. Participation in quality improvement projects, encouraged and measured by the ACGME, could be designed to study and improve education in cosmetic procedures.

CONCLUSION

In summary, there appears to be insufficient didactic and clinical instruction in cosmetic procedures during residency to match practice trends and the expectations of residents. Dermatology residency programs might find it advantageous to adapt to support greater competency and confidence in these procedures.

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